

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JW	15231	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	0 e
22	0 o
23	0 o
24	0 o
25	✓
26	✓
27	✓
28	✓
29	✓
30	0 o
31	0 o
32	0 o
33	0 o
34	0 o
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	o
50	o

Claim	Date
Final	Original
51	✓
52	✓
53	=
54	//
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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